

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

1-11-16

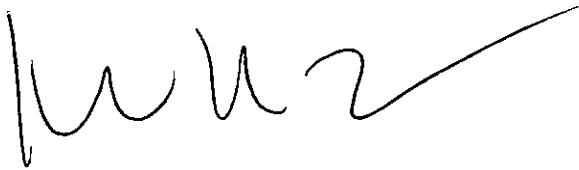
16 FEB -5 AM 10:48

To whom it may concern,

The attached form has been amended to reflect a change in party affiliation from Independent to **Republican**.

All other information remains the same.

Thank You

A handwritten signature in black ink, appearing to read 'Kereakos Zuras', with a long, sweeping horizontal stroke at the end.

Kereakos Zuras

Senior Advisor

Everett Stern for U.S. Senate

443-464-8557

Kzouras@comcast.net

201602050200069212

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

16 FEB 5 AM 10:48
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT EVERETT STERN TO U.S. SENATE

ADDRESS (number and street)

890 SOUTH MATLACK STREET SUITE 449

☐ (Check if address is changed)

WEST CHESTER

CITY ▲

PA STATE ▲

193-82 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Stern@EverettStern.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

WWW.EverettStern.Com

2. DATE

01 / 11 / 2016

3. FEC IDENTIFICATION NUMBER ►

C 00572693

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KERAKOS ZURAS

Signature of Treasurer

[Handwritten Signature]

Date

01 / 11 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201602050200069213

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate E V E R E T T A L E X A N D R S T E R N

Candidate Party Affiliation REP Office Sought: ☐ House ☒ Senate ☐ President State P A
 Republican District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<u></u>	FEC ID number	<u>C</u>
2.	<u></u>	FEC ID number	<u>C</u>
3.	<u></u>	FEC ID number	<u>C</u>
4.	<u></u>	FEC ID number	<u>C</u>

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

SENIOR ADVISOR

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

SENIOR ADVISOR

Telephone number

201602050200069215

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201602050200069216

2016020502050069217

Kereakos Zuras

C/O Stern for U.S. Senate

4610 Lake Ridge Drive

Finksburg MD 21048

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116

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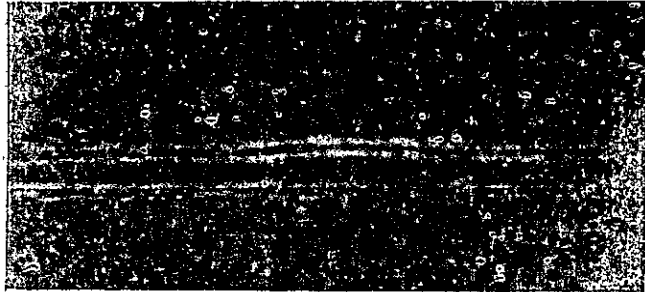


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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

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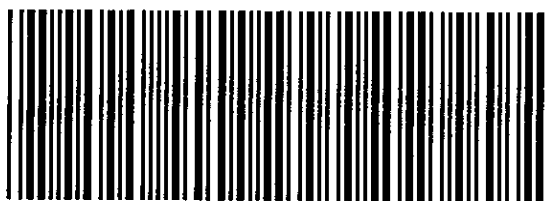
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PREPARER DH DATE PREPARED 2-5-16

2/28/2015

201602050200069218



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SEN PATCH

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